2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES State of Nevacia		
SURVEYSE HEALTHCARE SYSTEM GOOD GOLDENMENT FUNDAL (PREVIOUSLY KNOWN AS COLUMBIA/HCA GOOD GOLDENMENT FUND		
Name (print) Office (if applicable) District (if applicable)		
3180 Mailing A	SOUTH MARYLAND PARKWAY LAS VEGAS, NV 89109 Address (include city and zip code)	(702) 731 - 8706 Telephone No.
E-Mail Address 3PAC 381		
Select A	ppropriate Box(es) CANDIDATE # PAG BAG	DUPRTY INDEXPRE MAMENDED
П	Report #1 — Due August 27, 2002	
اسسا	Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002	
	Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002	FILE &
	Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002 BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002	
		JAN 2 1 2003
	Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002	DEAN HELLER
	7 51.54. 7 165. 25, 2552 55. 21, 2552	SECRETARY OF STATE
[Report #3 Due — January 15, 2003 Period: Oct. 25, 2002 — Jan. 3, 2003	FOR OFFICE USE ONLY
	Period: Oct. 25, 2002 — Jan. 3, 2003 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002	- Grander Gold Grand
BALANCE		
This figure should reflect the balance shown on your last Disposition of		
Unspent Contributions Report, or last Contributions & Expenses Report, if any		
CONTRIBUTIONS SUMMARY "Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution		
	of money or anything of value other than the services of a volunteer	received. (NRS 294A.007)
	1. Total amount of monetary contributions in excess of \$100	" 11,000.2
2	2. Total amount of monetary contributions of \$100 or less	
Actual number of monetary contributions of \$100 or less		
3. Interest and income earned on contributions, if any 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) # 11,000,00		
	To the part of the mone part of the part o	
5. Total amount of In Kind Contributions # 3,814. 9		
EXPENSES SUMMARY		
6	Total amount of monetary expenses in excess of \$100	# 18,750 99
7	7. Total amount of monetary expenses of \$100 or less	
8. Expense for filing fee		
9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)		ugh 8) \$ 18.750 €
Remaining Balance (Subtract line 9 from 4)		rom 4) # 1,706 81
10. Total amount of In Kind Expenses		# 3814.92
AFFIRMATION		
I declare under penalty of petitury that the foregoing is true and correct.		
Signature Date Executed On		
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EL201.doc	Revised: MAR-02	PAGE / OF 13